



California State Teacher's Retirement System 403(b) Program
Distribution Request Form/Asset Transfer Form

(Please print or type)

NAME	SOCIAL SECURITY NUMBER
ADDRESS	WORK PHONE () -
CITY	HOME PHONE () -
STATE ZIP CODE	DATE OF BIRTH

For information regarding the tax consequences of your withdrawal, please read the enclosure, "Special Tax Notice Regarding Payments from 403(b) Tax Sheltered Annuities."

To request a distribution of your account balance because of a terminated status complete section 1.
Otherwise, complete section 2 for an asset transfer to another 403(b) plan. **Please complete only one section.**

SECTION 1 - ACCOUNT DISTRIBUTION PAYMENT OPTION

This section is to be completed due to my termination of employment on _____.

The amount of your withdrawal will be withdrawn pro-rata from each of your investment funds.

I wish to withdraw the following amount:

- ☐ FULL LUMP SUM DISTRIBUTION
☐ INSTALLMENTS (To begin on the 1st business day of the month following the receipt of this form by State Street Bank)

I understand that distributions from a 403(b) program are subject to certain minimum distribution requirements under Internal Revenue Section Code 403(b)(10). Further, I understand that I may elect to satisfy this requirement from another 403(b) arrangement and will notify State Street Bank in such event.

I understand that installment payments must be paid over a period not to exceed my life or my life and the life of my beneficiary, or a period not exceeding my life expectancy or the life expectancies of myself and my beneficiary. Any such installment payment shall be at least equal to the requirement minimum distribution in accordance with Internal Revenue Code Section 403(b)(10) and the regulations issued thereunder. For benefits that accrued prior to 12/31/86, I understand that installment payments must begin no later than my seventy-fifth birthday.

NOTE: Installments will be withdrawn pro-rata from your Investment Funds.

CHOOSE ONE of the following Installment Options:

- ☐ SPECIFIC AMOUNT: \$_____to be withdrawn ☐ monthly ☐ quarterly ☐ annually
☐ NUMBER OF PAYMENTS: _____to be withdrawn ☐ monthly ☐ quarterly ☐ annually

Please indicate whether you want to make a direct rollover of your eligible withdrawal to an IRA or another 403(b) plan.

- ☐ No, I do not elect a direct rollover. Pay the withdrawal directly to me at the address listed above. I understand that 20% federal income tax and any required state taxes will be withheld from the cash portion of this distribution unless I have elected payment over a period of 10 or more years, or in a series of substantially equal periodic payments made for the life of the distributee or the joint lives of the distributee and designated beneficiary.

STATE INCOME TAX WITHHOLDING If you do not elect a direct rollover in California and elect to have federal taxes withheld, state taxes will automatically be withheld. Although not all states require the Plan Trustee to withhold tax, you may be required to pay state taxes on this withdrawal in some states when filing your state income tax return.

- ☐ Yes, I elect a Direct Rollover to an IRA or 403(b) plan.

A. Amount or Direct Rollover

- ☐ 100% if my withdrawal
OR

☐ \$_____ of the cash withdrawal

B. Receipt of Direct Rollover

A check will be made payable to the IRA or 403(b) plan as you indicate below and will be sent directly to the trustee at the address you provide below unless you indicate your home address. If you elect to have the check mailed to your home address, you understand that you will be responsible for delivering it to the trustee of the IRA or the 403(b) plan.

☐ IRA or ☐ 403(b) Plan ☐ My Home Address

TRUSTEE	ACCOUNT #
ADDRESS	
CITY	STATE ZIP
CONTACT NAME	TELEPHONE ()

SECTION 2 - ASSET TRANSFER

The amount of your withdrawal will be withdrawn pro-rata from each of your investment funds.

I wish to withdraw the following amount \$_____ or _____%

TRUSTEE	ACCOUNT #
ADDRESS	
CITY	STATE ZIP
CONTACT NAME	TELEPHONE ()

SECTION 3 - PARTICIPANT SIGNATURE

I attest, under penalties of perjury, that the information and statements that I have provided in this completed application are true and accurate. I acknowledge that I have received the Special Tax Notice Regarding Payments From 403(b) Tax Sheltered Arrangements less than 90 days ago and that I am aware that I have at least 30 days to make a decision regarding a direct rollover.

SIGNED _____ DATE _____

SECTION 4 - SPOUSAL CONSENT AND SIGNATURE

I declare that I am the participant's spouse. I consent to the designation set out on this distribution form. I acknowledge that this distribution will have the effect of causing the participant's account in the 403(b) Program to be payable to the participant and I consent to such designation. I declare that I give up any and all interest in the 403(b) plan assets and relinquish all right I may have to that property under the community property laws of the State of California.

SPOUSE'S SIGNATURE (required) _____ DATE: _____

NOTARY PUBLIC

STATE OF _____)

ss:

COUNTY OF _____)

On this _____ day of _____ 19____, before me personally came the above spouse to me known to be the individual who signed the above consent knowingly and willingly.

NOTARY PUBLIC _____ Seal _____

My term expires _____

Please return the form to one of the addresses listed below.

For Regular Delivery, please use the following address: For Overnight Delivery, please use the following address:

State Street Bank and Trust Company
Attn: CalSTRS 403(b) Program Unit
P.O. Box 9195
Boston, MA 02209

State Street Bank and Trust Company
Attn: CalSTRS 403(b) Program Unit
Batterymarch Park III, 2nd Floor
Quincy, MA 02169